

Unexecuted

10/536479
c'd PCT/PTO 23 MAY 2005

PTO/SB/01 (09-04)

Approved for use through 07/31/2006. OMB 0651-0032

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐

Declaration
Submitted
With Initial
Filing

OR

☐

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket
Number

COL221-227791(A)

First Named Inventor

Michael R. Treat

COMPLETE IF KNOWN

Application Number

To Be Assigned

Filing Date

May 24, 2005, herewith

Art Unit

Examiner Name

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

HARMONIC PROPULSION AND HARMONIC CONTROLLER

(Title of the Invention)

the specification of which

☐

is attached hereto

OR

☒

was filed on (MM/DD/YYYY)

30 September 2004

as United States Application Number or PCT International

Application Number

PCT/US2004/032702

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/> The address associated with Customer Number:		000054042		OR <input type="checkbox"/> Correspondence address below	
Name William H. Dippert Wolf, Block, Shorr and Solis-Cohen LLP					
Address 250 Park Avenue 10th Floor					
City New York			State New York		ZIP 10177
Country US		Telephone 212.986.1166 Facsimile: 212.985.0604		e-Mail: wdippert@wolfblock.com	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Michael R.				Family Name or Surname Treat	
Inventor's Signature					Date
Residence: City New York	State New York	Country US	Citizenship US		
Mailing Address 792 Columbus Avenue, #4E					
City New York	State New York	Zip 10025	Country US		
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])				Family Name or Surname	
Inventor's Signature					Date
Residence: City	State	Country	Citizenship		
Mailing Address					
City	State	Zip	Country		
<input type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.					

10/536479

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PTO/SB/81 (09-03)

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	To Be Assigned
Filing Date	May 24, 2005, herewith
First Named Inventor	Michael R. Treat
Title	Harmonic Propulsion And Harmonic
Art Unit	
Examiner Name	
Attorney Docket Number	COL221-227791(A)

I hereby appoint:



Practitioners associated with the Customer Number:

000054042

OR



Practitioner(s) named below:

Name	Registration Number
William H. Dippert	26,723

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:



The address associated with the above-mentioned Customer Number:

OR



The address associated with Customer Number:

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OR

<input type="checkbox"/> Firm or Individual Name	Wolf, Block, Shorr and Solis-Cohen LLP				
Address	250 Park Avenue				
Address	10th Floor				
City	New York	State	New York	Zip	10177
Country	US				
Telephone	212.883.4993	Fax	212.672.1192		

I am the:



Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

e-Mail: wdippert@wolfblock.com

SIGNATURE of Applicant or Assignee of Record

Name	Michael R. Treat		
Signature			
Date		Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.



*Total of _____ forms are submitted.

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Application Number	To Be Assigned
Filing Date	May 24, 2005, herewith
First Named Inventor	Michael R. Treat
Title	Harmonic Propulsion And Harmonic
Art Unit	
Examiner Name	
Attorney Docket Number	COL221-227791(A)

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Practitioners associated with the Customer Number:

OR



Practitioner(s) named below:

Name	Registration Number
William H. Dippert	26,723

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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Firm or
Individual Name

Wolf, Block, Shorr and Solis-Cohen LLP

Address

250 Park Avenue

Address

10th Floor

City

New York

State

New York

Zip

10177

Country

US

Telephone

212.883.4993

Fax

212.672.1192

I am the:



Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

e-Mail: wdippert@wolfblock.com

SIGNATURE of Applicant or Assignee of Record

Name	Michael R. Treat
Signature	
Date	
	Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.



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